

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		2/3	1/13/01
FORMALITY REVIEW	TZ	SC 947	01/29/01
RESPONSE FORMALITY REVIEW	request	925	06-06-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/5/02
2	5/19/02
3	8-10-03
4	3-4-05
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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